**Substitute Medicines at CGHS Dispensaries**

1736. SHRI KARTAR SINGH DUGGAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Central Government Health Scheme has two varieties of the same medicine, one for the VIPs and the other called substitute, for the common citizens;

(b) if so, what is its justification in a socialistic democracy; and

(c) whether the Medical Centre in the Parliament House Annexe catering to Members of Parliament would not issue medicine for more than a week for chronic ailments; if so, why?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) No, Sir.

(b) In view of (a) above, the question does not arise.

(c) The Medical Centre at Parliament House Annexe is providing only specialist consultation, investigation procedures and physiotherapy facilities to the MPs., Ex-MPs and members of their family. Adequate infrastructure is not available there for issue of medicines to the MPs and Ex-MPs etc. for chronic ailments. The regular medicines are supplied to them from their respective allotted dispensaries.

**Brain-Fever**

1737. DR. Y. LAKSHMI PRASAD:
SHRI C. RAMACHANDRAIAH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is spurt of brain-fever in the country, especially in Andhra Pradesh;

(b) if so, the number of deaths on this score, State-wise; and

(c) the measures taken to control the disease spreading unabated in certain districts?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) and (b) As per reports received from the State Health Authorities, outbreaks of Japanese Encephalitis (JE) have been reported from some States including Andhra Pradesh in the country. State-wise reported deaths (Provisional) due to JE upto November, 1999 are as under:—

| S.No. | Name of State/UTs | Deaths |
|---|---|---|
| 1. | Assam | 2 |
| 2. | Andhra Pradesh | 178 |
| 3. | Goa | 2 |
| 4. | Haryana | 32 |
| 5. | Karnataka | 40 |
| 6. | Manipur | 1 |
| 7. | Uttar Pradesh | 258 |
| 8. | West Bengal | 4 |
| | Total | 517 |

(d) The preventive and control measures adopted for JE include:—

(i) Early diagnosis, proper management of Patients and rehabilitation.

(ii) Vector control by undertaking two rounds of residual insecticidal spray with appropriate insecticide in animal dwellings in high risk areas and fogging with technical malathion for immediate killing of infected mosquitoes during outbreak. Anti-larval operations wherever feasible are also taken.

(iii) Vaccination of the highly prone population groups living at risk in Japanese Encephalitis affected areas.

(iv) Segregation of pigs from human habitation and encourage mosquito-proof pig pens and insecticidal spraying of piggeries etc.

(v) Health Education to promote personal prophylaxis and early treatment of the disease.

(vi) Training and Medical Personnel and Professional associated with the delivery of preventive and control activities in the field of Japanese Encephalitis.

**CBR Target in Eighth Plan**

1738. DR. JAGANNATH MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) The States which have achieved the Child Birth Rate (CBR) target set under the Eighth Five Year Plan;

(b) the States which could not achieve this target;

(c) the reasons for not achieving the target; and

(d) the step taken by Government to ensure that these States perform better during the Ninth Five Year Plan?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) The national target of Crude Birth Rate (CBR) of 26 set under the Eighth Five Year Plan was achieved by 15 States, viz. Andhra pradesh, Arunachal Pradesh, Goa, Gujarat, Himachal Pradesh, Karnataka, Kerala, Maharashtra, Manipur, Mizoram, Punjab, Sikkim, Tamil Nadu, Tripura, West Bengal and in all the Union Territories except Dadra & Nagar Haveli as per the estimates of CBR for the year 1997 through Sample Registration System (SRS) by Registrar General, India.

(b) The target could not be achieved by the States of Assam, Bihar, Haryana, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and Meghalaya (for Jammu & Kashmir and Nagaland estimated CBR for 1997 is not available).

(c) The reasons for not achieving the target in these States were: limited support by State leadership and community for the programme, slow progress in education particularly of women, poor accountability of health functionaries for the results achieved and bottlenecks of quality of management at State level.

(b) The National Family Welfare Programme under Reproductive and Child Health (RCH) project has now been substantially re-